



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 526-9715 or (573) 751-7863
APPLICATION FOR MISSOURI VOCATIONAL CERTIFICATES

SECTION I: TO BE COMPLETED BY APPLICANT

A: VITAL INFORMATION

* SOCIAL SECURITY NUMBER	DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female
CURRENT NAME (LAST, FIRST, MI)		
STREET ADDRESS (HOME)		
CITY, STATE ZIP CODE		
PHONE NUMBERS	EMAIL	
HOME: ()	WORK: ()	

B: PURPOSE OF APPLICATION

1a. Teaching: <input type="checkbox"/> Initial 2-year <input type="checkbox"/> Initial 5-year <input type="checkbox"/> 2-year Renewal <input type="checkbox"/> 5-year Renewal	1b. Administrator or Student Services: <input type="checkbox"/> Initial 5-year <input type="checkbox"/> Initial 10-year <input type="checkbox"/> 5-year Renewal <input type="checkbox"/> 10-year Renewal
2a. Area of Certification: Vocational Technical Area; <input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Health <input type="checkbox"/> Marketing <input type="checkbox"/> Trade & Industrial	2b. Area of Certification: Student Services; Administrator; <input type="checkbox"/> Vocational Adult Supervisor <input type="checkbox"/> Vocational Director <input type="checkbox"/> Postsecondary Vocational Counselor <input type="checkbox"/> Vocational Placement Coordinator <input type="checkbox"/> Vocational Evaluator <input type="checkbox"/> Vocational Special Needs
3. Grade Level(s): <input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary/Adult <input type="checkbox"/> Both	4. Subject Area: _____ <div style="text-align: right;">Certificate Title</div>

IMPORTANT:

Please attach all necessary documentation required to show that you have met the requirements in accordance with the *Compendium of Missouri Certification Requirements*. The *Compendium of Missouri Certification Requirements* may be found at: <http://www.dese.mo.gov/divvoted/certifications.htm>

C: EDUCATIONAL DATA: List all high schools, colleges and universities, in order of attendance, and where courses were completed. The listing must include ALL degrees.

Name of High School, College or University	City/State	Degree/Cert & Year Awarded	Major

D: OCCUPATIONAL EXPERIENCE: List all employment experience other than teaching or counseling that has contributed to your competency in the occupation for which you propose to qualify. If self-employed, provide details on attached sheet. If employment was part-time, indicate the number of hours per week. All employment must be within the last ten years.

Employers Name:	City & State:	Type of Work Performed:	Dates:	Total Hours Worked:
			To	
			To	
			To	
			To	

E: TEACHING EXPERIENCE: List in order of employment all teaching experience within the last ten years.

School District:	City & State:	Subject and Grade Level:	Dates:
			To
			To
			To

F: PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)

Applicants, whose certificate is more than 30 days expired, must submit two (2) full sets of fingerprints to the Missouri Department of Elementary and Secondary Education, Educator Certification/Conduct and Investigation Section. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education and may be completed by any law enforcement agency.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor, whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been restricted, disciplined, resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

* View the Social Security Number Disclosure Notice at:

http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

G: SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

Applicants Signature

Date

SECTION II: TO BE COMPLETED BY EMPLOYER; I JOINTLY REQUEST, WITH THE ABOVE APPLICANT, THAT THE VOCATIONAL TECHNICAL CERTIFICATE OF LICENSE TO TEACH REQUESTED BE ISSUED.

I verify that _____ has provided documentation for all the requirements according to the *Compendium of Missouri Certification Requirements* (Documents maintained by verification authority) and that the information is true and complete to the best of my knowledge.

NAME OF EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

NAME OF DESIGNATED OFFICIAL

POSITION HELD

SIGNATURE OF DESIGNATED OFFICIAL

DATE

MAIL TO:

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